

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007147

STATE FILE NUMBER

AMENDED

Registration District No. 195 Primary Registration District No. Registrar's No. 12-62

FILED MAR 13 1962

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rt. # 1, Noel, Mo.		c. CITY OR TOWN Rt. # 1, Noel	
Length of stay in 1b 16 years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Home North of Noel		d. STREET ADDRESS (If outside, give location) Route # 1	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Raymond Middle Leonard Last Brewer		4. DATE OF DEATH Month March Day 4 Year 1962	
5. SEX Male	6. COLOR OR RACE Cauc	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 22, 90
9. AGE (last birthday) 71		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Master Brewer		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (City and state or country) Marco, Ind		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Douglas L. Brewer		13b. MOTHER'S MAIDEN NAME Margaret (unknown)	
14. NAME OF HUSBAND OR WIFE Lelia Brewer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Rt. # 1 Mrs. Lelia Brewer Noel, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Coronary Occlusion DUE TO (c) Pulmonary Emphysema PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Semility - Atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Noel, Missouri		COUNTY Noel STATE Missouri	
21. I attended the deceased from October 1961 to March 4, 1962 and last saw him alive on March 1, 1962 Death occurred at 7:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. H. H. M.		22b. ADDRESS Reserve, Mo.	
22c. DATE SIGNED 3-6-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-6-1961	
23c. NAME OF CEMETERY OR CREMATORY Noel Cemetery		23d. LOCATION (City, town, or county) (State) Noel, Missouri	
24. FUNERAL DIRECTOR Humphrey Funeral Home, Noel, Mo.		25. DATE RECD. BY LOCAL REG. March 7, 1962	
26. REGISTRAR'S SIGNATURE Mary A. Bradley			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wayne G. Woodard

Licensed Embalmer No. 5172

P. O. Address Neel, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.